



**BEFORE THE COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON EDUCATION**

BILL 22-0840, "LGBTQ HEALTH DATA COLLECTION AMENDMENT ACT OF 2018"

**Testimony of Daniel Bruner, Senior Director of Policy, Whitman-Walker Health
October 31, 2018**

Pursuant to the Notice of Public Hearing issued on October 12, 2018, by the Committee on Education, Whitman-Walker Clinic, Inc., d/b/a Whitman-Walker Health (WWH or Whitman-Walker) is pleased to submit this testimony in support of Bill 22-840.

As witnesses at the October 17 public hearing noted, and as the Council well knows, the District of Columbia has a disproportionately large number of residents who identify as lesbian, gay, bisexual, queer, transgender or gender fluid/non-binary. Yet not enough is known about the exact number of these residents, and about their demographics and their health. Significant anecdotal and other evidence exists that LGBTQ individuals and families tend to be poorer and face more health challenges than otherwise comparable non-LGBTQ individuals and families. Moreover, LGBTQ-identified youth are substantially more likely to struggle with depression, anxiety, substance abuse, bullying and suicidal thoughts, and are substantially more likely to be homeless, than their non-LGBTQ peers. However, our knowledge of the exact nature of the challenges they face, and how to address those challenges, is hampered by the lack of data on sexual orientation and gender identity in federal, state and local surveys.

The adoption of SOGI (sexual orientation and gender identity) questions by the DC Department of Health in the CDC-sponsored and administered Behavioral Risk Factor

Surveillance System (BRFSS), and by the DC Office of the State Superintendent of Education in the CDC-sponsored and administered Youth Risk Behavior Surveillance System (YRBSS), are important steps, and we congratulate both agencies on their leadership. Yet we face uncertainties in the new federal climate. This past summer, CDC officials cast doubt on the agency's continued commitment to supporting the optional SOGI module in the BRFSS. Although the agency confirmed its support for 2019 after an outcry by state public health authorities, academic researchers and advocacy groups, doubts remain about the longer-term future. Moreover, the current federal Administration's lack of interest in, if not hostility towards, LGBTQ people and issues has been demonstrated repeatedly. Thus, we fully support the Council's proposal to codify, in DC law, the requirement to collect SOGI data in the BRFSS and YRBSS every year, and to issue annual reports based on that data. The Department of Health, and OSSE, are currently complying with the requirements proposed in the bill – so passage of this legislation would not impose significant costs or other burdens on either agency, particularly in light of the importance of the issue.¹

At the October 17 public hearing, several questions arose. Whitman-Walker addresses those questions in the remainder of this written testimony.

Reliance on CDC-sponsored questions vs. development of different SOGI questions.

Reliance on CDC-sponsored questions, so long as they continue to be utilized by other states, is preferable to use of different questions – even if the CDC questions are sub-optimal. District of Columbia data should be comparable to data on sexual orientation and gender identity in other states. This is important not only given the need for national data, but also important locally.

Our greater metropolitan area includes Northern Virginia and Suburban Maryland, and

¹ It is clear that the incremental cost of including SOGI questions in the two surveys is minimal. While the cost of developing and issuing annual reports on the health and wellness of the District's LGBTQ residents, and LGBTQ students, may be significant, that cost is hardly out of proportion to the clear need.

individuals and families in our area often move between jurisdictions for economic, employment, housing, family or other reasons. Coordinated data and policies regarding LGBTQ individuals and families are particularly important for the DMV. The language in the current bill, stating that DOH and OSSE should “give preference” to CDC-approved questions, but may “develop [their] own questions,” may not sufficiently recognize the importance of data comparability across jurisdictions.

Therefore, with regard to the proposed addition of a new Section 4902a to the Department of Health Functions Clarification Act (section 2 of Bill 22-840), and the proposed amendment to § 38-2602(b) of the State Education Office Establishment Act (Section 3 of Bill 22-840), we believe the bill should provide:

- DOH and OSSE should employ the (SOGI-related) modules or questions approved by the CDC;
- DOH and OSSE may develop their own questions on sexual orientation, gender identity or gender expression *if* (i) the CDC drops or declines to continue to include its current questions or modules; *or* (ii) DOH or OSSE develop separate questions, which do not conflict with CDC-approved questions, and which are not likely to compromise the accuracy or reliability of the data generated by the CDC-approved questions.

Annual or three-year reports on LGBTQ health and wellness. At the hearing, DOH stated that it would be preferable to issue an LGBTQ report every three years rather than annually, because the sample sizes in the DC BRFSS are relatively small (given DC’s small population relative to the populations of most states) and are unlikely to generate statistically significant results on some important points unless data from several years are used. We believe the solution to this problem is to: require SOGI data to be collected every year; and also to

require that be issued annually, using data for the most recent year when the results are statistically significant, and employing data for the most recent two or three years when that is necessary to generate results that are statistically significant. For HIV and other health challenges, DOH already issues annual reports that employ data from multiple years, in order to capture important trends over time. DOH can, of course, also supplement its annual reports with additional reports to highlight specific issues and populations, as for HIV and other health challenges.

Ensuring participation in the YRBSS SOGI-related questions by all public schools in the District, including all public charter schools. At the October 17 hearing, there was testimony that at least several public charter schools in the District had failed to include the approved questions on sexual orientation and gender identity in the questionnaires administered to their students. We agree that all public schools in the District should be required to participate in the full YRBSS, including questions on sexual orientation and gender identity, and that Bill 22-840 should make that requirement clear.

Mandating the establishment of a Community Advisory Board to assist DOH and OSSE with its annual LGBTQ health and wellness reports. We appreciate that both agencies have demonstrated openness to consulting with the community on issues of SOGI data collection and health and wellness reports, but we believe that an ongoing Community Advisory Board should be established in this legislation. We believe that the Community Advisory Board should include, at a minimum, individuals from the following institutions with relevant expertise in health-related data collection and analysis:

Whitman-Walker Health
The DC LGBT Center
George Washington University
Howard University

Georgetown University
Unity Health Care
Kaiser Permanente of the Mid-Atlantic States
Children's National Medical Center

This could be accomplished by adding the following language to the proposed new Section 4902a(b)(2)(A) to be added to the Department of Health Functions Clarification Act (Section 2 of Bill 22-840), and the proposed new Subsection (30)(B) to DC Code § 38-2602(b) (Section 3 of Bill 22-840):

In developing its reports, the agency shall consult with a joint DOH-OSSE Community Advisory Board, consisting at a minimum of representatives from the following institutions with relevant experience in health-related data collection and analysis: Whitman-Walker Health; The DC LGBT Center; George Washington University; Howard University; Georgetown University; Unity Health Care; Kaiser Permanente of the Mid-Atlantic States; and Children's National Medical Center.

Thank you for the opportunity to share these recommendations. Please let me know if we can provide any additional information or be of assistance to the Council in any other way.

Respectfully submitted,

A handwritten signature in cursive script that reads "Daniel Bruner".

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